

**FORM NO. 353-3 - CITATION  
THE STATE OF TEXAS**

**To: COVINGTON SPECIALTY INSURANCE COMPANY  
SERVE THROUGH TEXAS SECRETARY OF STATE CARLOS H CASCOS  
PO BOX 12079  
AUSTIN TX 78711-2079**

**GREETINGS:**

You have been sued. You may employ an attorney. If you or your attorney do not file a written answer with the clerk who issued this citation by 10 o'clock a.m. of the Monday next following the expiration of twenty days after you were served this citation and petition, a default judgment may be taken against you. In addition to filing a written answer with the clerk, you may be required to make initial disclosures to the other parties of this suit. These disclosures generally must be made no later than 30 days after you file your answer with the clerk. Find out more at TexasLawHelp.org. Your answer should be addressed to the clerk of the **14th District Court** at 600 Commerce Street, Ste. 101, Dallas, Texas 75202.

Said Plaintiff being **BCD COMPANY, REICHERT FAMILY PARTNERSHIP & DON AND BETTIE REICHERT**

Filed in said Court **25th day of March, 2021** against

**COVINGTON SPECIALTY INSURANCE COMPANY**

For Suit, said suit being numbered **DC-21-03826**, the nature of which demand is as follows:  
Suit on **CNTR CNSMR COM DEBT** etc. as shown on said petition **REQUEST FOR DISCLOSURE**, a copy of which accompanies this citation. If this citation is not served, it shall be returned unexecuted.

WITNESS: FELICIA PITRE, Clerk of the District Courts of Dallas, County Texas.  
Given under my hand and the Seal of said Court at office this 1st day of April, 2021.

ATTEST: FELICIA PITRE, Clerk of the District Courts of Dallas, County, Texas

By *Courtney Rutledge*, Deputy  
COURTNEY RUTLEDGE

**ESERVE****CITATION****DC-21-03826**

**BCD COMPANY, et al  
vs.  
COVINGTON SPECIALTY INSURANCE  
COMPANY**

**ISSUED THIS  
1st day of April, 2021**

**FELICIA PITRE  
Clerk District Courts,  
Dallas County, Texas**

By: COURTNEY RUTLEDGE, Deputy

**Attorney for Plaintiff  
CHAD T. WILSON  
CHAD T WILSON LAW FIRM PLLC  
455 EAST MEDICAL CENTER BLVD  
STE 555  
WEBSTER TX 77598  
832-415-1432  
[ESERVICE@CWILSONLAW.COM](mailto:ESERVICE@CWILSONLAW.COM)**

**DALLAS COUNTY  
SERVICE FEES  
NOT PAID**

### OFFICER'S RETURN

Case No. : DC-21-03826

Court No. 14th District Court

Style: BCD COMPANY, et al

vs.

COVINGTON SPECIALTY INSURANCE COMPANY

Came to hand on the 18<sup>th</sup> day of April, 20 21, at 12 o'clock P.M. Executed at P.O. Box 12079 Austin, TX 78711-2079  
within the County of Texas at 6:20 o'clock A.M. on the 06 day of April,  
20 21, by delivering to the within named Covington Specialty Insurance Company by serving Texas Secretary of State by CMRRR(7020-2450-0001-2416-1661)  
each ~~in person~~, a true copy of this Citation together with the accompanying copy of this pleading, having first endorsed on same date of delivery. The distance actually traveled by  
me in serving such process was \_\_\_\_\_ miles and my fees are as follows: To certify which witness my hand.

For serving Citation \$ 75

For mileage \$ 0

For Notary \$ 0

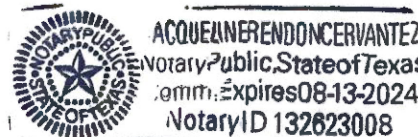
of \_\_\_\_\_ County, \_\_\_\_\_


By Heather Bark Notary Public 7348153 Deputy

(Must be verified if served outside the State of Texas.)

Signed and sworn to by the said Heather Bark before me this 19 day of April, 20 21,  
to certify which witness my hand and seal of office.

Notary Public Dallas County TX



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <b>X</b></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: <i>Covington Specialty Ins Co</i></p> <p><b>TEXAS SECRETARY OF STATE CITATIONS UNIT P.O. BOX 12079 AUSTIN, TEXAS 78711-2079</b></p>  <p>9590 9402 6410 0303 1822 22</p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p><b>7020 2450 0001 2416 1661</b></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><b>TX Comptroller Mail</b></p> <p><b>APR 06 2021</b></p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Registered Mail Restricted Delivery (over \$500)</p>		<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

**Automated Certificate of eService**

This automated certificate of service was created by the eFiling system. The filer served this document via email generated by the eFiling system on the date and to the persons listed below. The rules governing certificates of service have not changed. Filers must still provide a certificate of service that complies with all applicable rules.

Envelope ID: 52651745

Status as of 4/21/2021 3:47 PM CST

Case Contacts

Name	BarNumber	Email	TimestampSubmitted	Status
CHAD WILSON		ESERVICE@CWILSONLAW.COM	4/20/2021 3:57:05 PM	SENT